


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

|   |   |
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| <b>DOCUMENT # L05000071721</b><br>1. Entity Name<br>CEMJAT, LLC |  |
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| Principal Place of Business<br>480 SW MAIN BLVD.<br>LAKE CITY, FL 32025 | Mailing Address<br>PO BOX 1762<br>LAKE CITY, FL 32056-1762 |
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04252008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number<br>25-1924597                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>BRADEN, LISA<br>4623 FOREST HILL BLVD., SUITE 111<br>WEST PALM BEACH, FL 33341-5 |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> |
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**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000929386  
05/21/08-80065-023 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TROTT, J. ANTHONY<br>480 SW MAIN BLVD.<br>LAKE CITY, FL 32025 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |
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|  |                                       |   |
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| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <b>4-25-08</b><br><small>Date</small> | <b>386-758-1945</b><br><small>Daytime Phone #</small> |
|--|---------------------------------------|---|